

## Liberalization of abortions and female sterilizations

*To the Editor:*

I was interested in the paper by Claman and his co-workers on the experience of legal abortion in Vancouver (*Can Med Assoc J* 105: 35, 1971). I am an English doctor who visits Canada and the U.S. quite frequently. I am struck by the contrast between the two countries in the practice of abortion. Experience of Vancouver is reminiscent of that of England with a high incidence of terminations after the first three months of pregnancy, an in-patient service with an average stay of several days and a large number of female sterilizations.

The English experience of legal abortion is now more extensive than that in Canada and we are coming to recognize some serious defects in our procedures. The mortality rate in England and Wales for abortion has been three to four times as great as that in the state of New York. There appear to be two reasons for this. One is that the percentage of late terminations is greater than in New York. This is in turn partly related to the structure of the law but also to medical practice. I was saddened to see in Claman's paper that almost 80% of women in Vancouver were now waiting more than three weeks between the decision to terminate and the operation itself. This delay means raising the morbidity rate and will sooner or later lead to otherwise avoidable deaths. From the experience of the numerous countries I have visited where abortion is legally available I have become convinced that only the use of out-patient techniques

can eliminate the dangers of waiting periods before abortion. Individual clinics in New York and in Yugoslavia have now each done more than twenty thousand consecutive out-patient abortions without a known death and with low morbidity. I look forward to the time when this type of procedure will be used in the U.K. and I hope that Canada will take its leadership from its immediate neighbour and not from its transatlantic kinsfolk.

The second reason for the high mortality rate in the U.K. appears to be that the combination of hysterotomy and sterilization is unusually dangerous. Twelve out of the seventeen deaths recorded for legal abortion in England and Wales were associated with sterilization. Mortality statistics from Sweden also substantiate this point. While recognizing that sterilization is often sensible at the time of termination it seems that it may be best to empty the uterus vaginally and then proceed to tubal ligation. It should not be forgotten that vasectomy is a safer and simpler operation than female sterilization.

D. M. Potts, M.B., B.Ch., D.R.C.O.G.  
Medical Director,

International Planned Parenthood Federation,  
18-20 Lower Regent Street,  
London SW1.

## Vitamin C and the common cold

*To the Editor:*

Beaton and Whalen (*Can Med Assoc J* 105: 355, 1971) have written one of the best and fairest reviews of Dr. L. Pauling's book "Vitamin C and the Common Cold." Even so, their three

basic conclusions suggest that they have been swayed by the massive medical assault on Dr. Pauling and by the common but erroneous idea that only double-blind studies are controlled studies.

With respect to the first point, it is true that when new ideas arise to challenge medical orthodoxy (for example, vitamins are needed only for specific deficiency diseases and are wasted if given in doses larger than nutritionists recommend) the reaction usually centres around toxicity, real or potential, and the validity of the clinical studies which support the new view. Evidence for toxicity, no matter how scanty, is vigorously used to counteract evidence for the new view, no matter how strong.

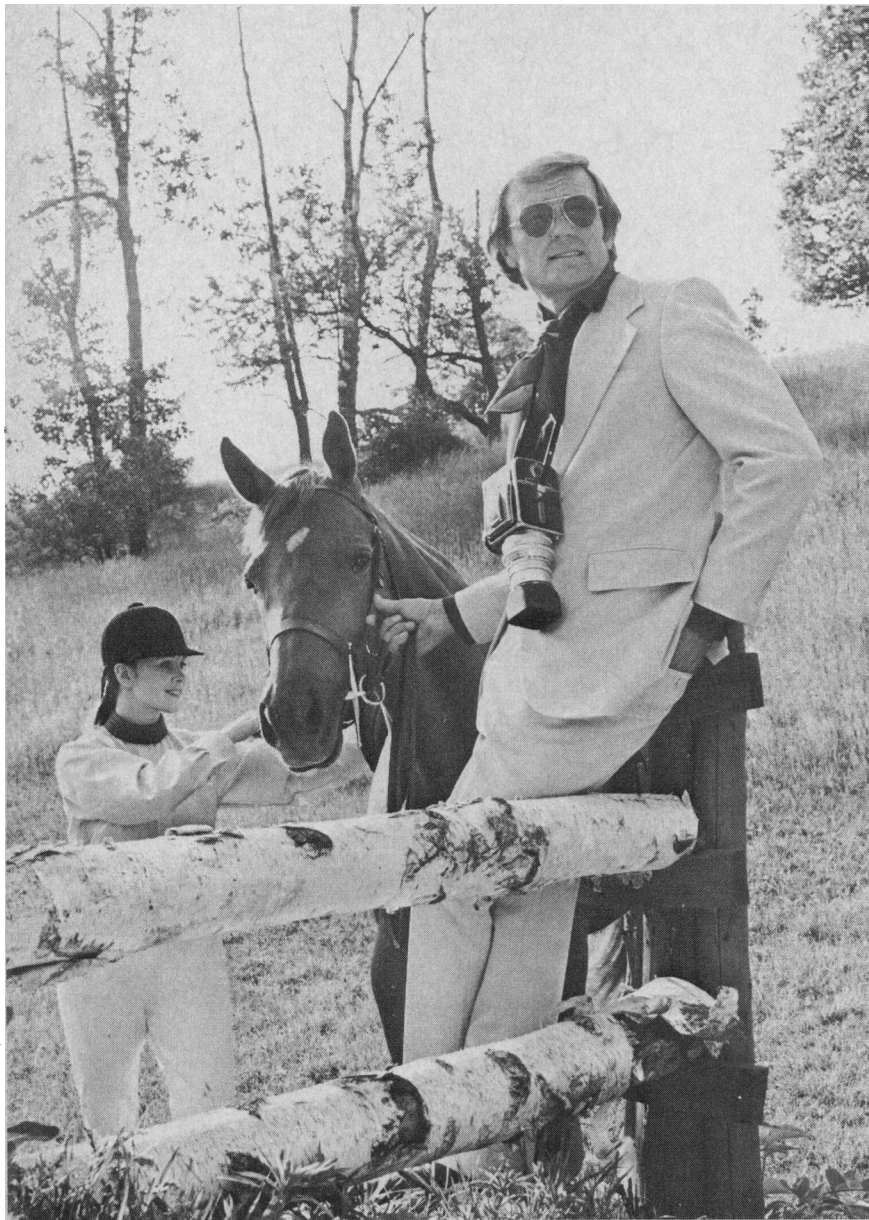
I have been using ascorbic acid in megadoses (3—6 grams per day and rarely much higher) in the treatment of schizophrenia and other conditions since 1951. Since then I have given it to over 1000 subjects and I believe that this large experience allows me to draw certain conclusions with which Beaton and Whalen will likely disagree.

Over the past 20 years, long before Dr. L. Pauling wrote his book, I was impressed by the number of patients who spontaneously remarked on their freedom from colds after they started to take ascorbic acid. I have used nicotinic acid in megadoses in over 2000 patients but this vitamin has not produced a similar number of patients who have claimed that they no longer developed colds.

Other physicians have made similar observations. I believe that Pauling's conclusions based on his study

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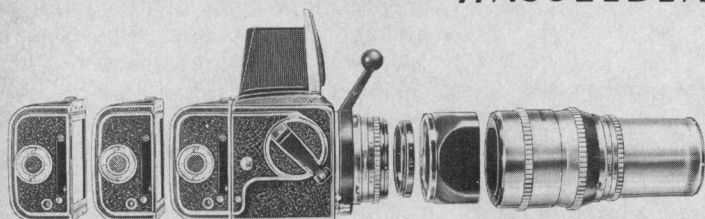


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of the literature have been substantiated but not enough to change the old idea that ascorbic acid is good only in the prevention and treatment of scurvy.

As do a large number of family physicians, I prescribe ascorbic acid for my patients. It reduces the frequency of colds and as a positive side effect it tends to control constipation. Its freedom from toxicity relative to its efficacy is remarkable. I would sooner consume many grams per day than an equal quantity of sodium chloride.

I believe large scale trials with ascorbic acid are warranted. I imagine some of them are already under way. Whether or not such trials have been started, the practical trials of thousands of subjects and by many physicians is already under way. The best test may be the number of tons of ascorbic acid sold a year or two from now compared to sales in 1970.

A. Hoffer, M.D., Ph.D.

1201 CN Towers,  
Saskatoon, Sask.

#### **The law of the Good Samaritan**

*To the Editor:*

In his article "Doctors and the law of the Good Samaritan" (*Can Med Assoc J* 105: 387, 1971) Mr. Rozovsky perpetuates a common fallacy.

Physicians are not fearful of being sued for negligence; they are fearful of having to appear in the witness box and possibly of making a fool of themselves, especially in their own town. They especially resent being cross-examined by lawyers with whom they often have more than a passing acquaintance, again usually in their own town. In addition, even though the physician is sure he has not been negligent, feelings of anxiety are difficult to suppress when a threatening letter is received.

The problem is often compounded by a failure of the physician to do the necessary preparatory work before making his appearance in court—a real chore for the busy doctor inexperienced in court procedures.

The difficulties would be eased considerably if closer relations could be fostered between the medical and legal professions.

W. N. Coombes, M.B., F.R.C.S. (Eng.)  
North Bay, Ont.